

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	126	State Index No. <u>498</u>
District of <u>Winkelman</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>252</u>
Town of <u>Winkelman</u>	Local Registrar's No. <u>1</u>		
City of <u>Winkelman</u>	(No. <u>Sullock</u>)	St. <u></u>	Ward <u></u>
FULL NAME OF CHILD <u>Sullock</u>		Born <u>YES</u>	Alive <u>NO</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>M</u>	Twin, Triplet or other <u></u>	and <u></u>	Number in order of birth <u>1</u>
Legitimate <u>Yes</u>	Date of Birth <u>Aug 15</u>	(Month) <u>15</u>	(Day) <u>15</u> (Yr.) <u>1916</u>
FATHER		MOTHER	
Full Name <u>Jim Sullock</u>	Full Maiden Name <u>Nellie Muegner</u>		
Residence <u>Winkelman</u>	Residence <u>Winkelman</u>		
Color or Race <u>Am</u>	Age at last Birthday <u>26</u>	Color or Race <u>Am</u>	Age at last Birthday <u>37</u>
(Years)		(Years)	
Birthplace <u>Ariz</u>	Birthplace <u>Texas</u>		
Occupation <u>Barber</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Aug 15</u> , 191 <u>6</u> , at <u>6:00 P.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report <u>191</u>		(Signature) <u>Charles H. Brown</u>	
		(Attending physician, midwife, householder. *)	
		Address <u>Hayden</u>	
Filed <u>191</u>		LOCAL REGISTRAR <u>Robert</u>	
COUNTY REGISTRAR. <u>815-542</u>		A True Copy <u>13 G. Say</u>	
		COUNTY REGISTRAR.	